

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00845

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne R.D. I
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Years
 Hospital, institution, or street address where death occurred:
at home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural I
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Harmison S. Boston

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Emma W. Boston
 7. Birth date of deceased (mo., day, yr.) June 25, 1895
 8. AGE: Years 52 Months 6 Days 14 If less than one day hrs. min.

9. Birthplace Princess Anne, Somerset Co. Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Charle H. Boston
 13. Birthplace Somerset Co. Maryland

14. Maiden name Elizabeth Laird
 15. Birthplace Somerset Co. Maryland

16. Informant Mrs. Harmison S. Boston
 Address Princess Anne, Maryland R.D.

17. Burial I-11-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Andrew Cemetery
 Location Princess Anne, Maryland

18. Funeral director Wilson Funeral Home
 Address Princess Anne, Maryland

19. 1/9 19 48 R. S. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 19 48 8 30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 4 19 46 to Jan. 1 19 48
 and that I last saw him alive on Jan. 1 19 48

Immediate cause of death Coronary thrombosis
 DURATION under

Due to Coronary thrombosis
Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

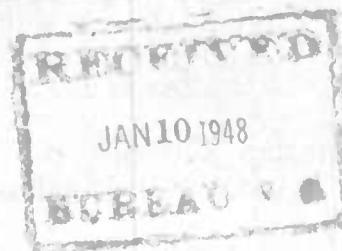
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Lucius, M.D.Address Princess Anne Date signed 1/8/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00846

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Louisa
City or town 3 mile west of Princes Ann
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Arkansas County
City or town Fort Smith
(If outside city or town limits, write RURAL and give nearest town)
Street No. 615 South B Street
(If rural, give LOCATION)
World War II
2.(a) If veteran, name war ☒

3.(a) FULL NAME

CANNALIS, Gearl Wayne 630 98 89

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife (W) Helen Patricia Cannalis

7. Birth date of deceased (mo., day, yr.) March 21, 1925

8. AGE: Years Months Days If less than one day

22 9 23 hrs. min.

9. Birthplace Moffet, Oklahoma
(Town, county, and state)

10. Usual occupation Mariner

11. Industry or business U.S. Navy

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant U. S. Navy Department

Address Chincoteague, Virginia

17. Burial Date thereof Unknown
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Delivered to the U.S. Navy

Location Hospital - Portsmouth, Va. for

18. Funeral director preparation and shipment.

Address

19. 1/14 1948 R. S. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1948 at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Injury, Multiple Fracture of head

Due to Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1/14/48

Where did injury occur? Princes Ann County Louisa (State)

Injured at home farm, industry, public place (where?) Public place

Means of injury Auto accident Injured at work? No

23. SIGNATURE W. S. Johnson M. D. or other

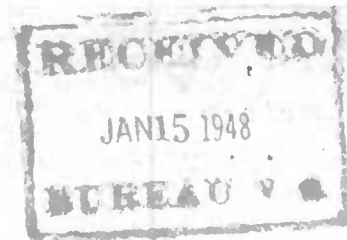
Address Princes Ann Va Date signed 1/14/48

MARGIN RESERVED FOR BINDING

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VS A15 645-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and write the causes of death clearly and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town Rural Westover
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 yearsHospital, institution, or street address where death occurred: —How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Rural Westover
 (If outside city or town limits, write RURAL and give nearest town)

Street No. —
 (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

Frank R. Chamberlin

3. (b) Social Security Number

—4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Sarah E. Chamberlin6.(c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) April 17 - 18678. AGE: Year 80 Month 9 Day 3 If less than one day — hrs. — min.9. Birthplace Albany N.Y.
(Town, county, and state)10. Usual occupation Farmer11. Industry or business —12. Name John Chamberlin13. Birthplace N.Y.14. Maiden name Christina Rockefeller15. Birthplace N.Y.16. Informant J. Louis ChamberlinAddress Rural Westover, Md.17. Burial Date thereof Jan 23 - 1948
(Burial, cremation or removal, Which?) (month) (day) (year)Cemetery or crematory Presbyterian CemeteryLocation Rehoboth Md.18. Funeral director Sherry H. WatsonAddress Pocomoke Md.19. Jan 23rd 48 Nellie Dryden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1948 at 9 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10, 1948 to January 20, 1948 and that I last saw him alive on January 19, 1948Immediate cause of death acute dilatation of heart, anemia DURATION 10 daysDue to Chronic Int. Nephritis 2 yearsDue to Chronic myocardiitisOther conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Autopsy results — Date of op. —

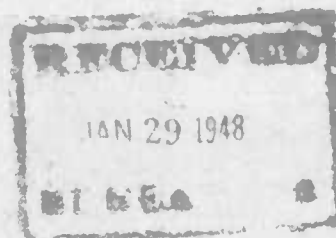
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Guys E. Chatham, M.D. M. D. or otherAddress Marysville, Md. Date signed Jan 23, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 361

1. PLACE OF DEATH:

County Somerset
 City or town RURAL, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
RURAL, Marion
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town RURAL, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Marumso Road
 (If rural, give LOCATION)
 2.(a) If veteran, name War

3. (a) FULL NAME

Margaret E. Cluff

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Charles Cluff6.(c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) November 30, 1880

8. AGE: Years 67 Months 1 Days 29 If less than one day
 hrs. min.

9. Birthplace Shelltown-Somerset-Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Samuel Brittingham13. Birthplace Shelltown, Maryland14. Maiden name Margaret Dorsey15. Birthplace Fairmount, Maryland16. Informant Margaret R. CluffAddress Marion, Maryland17. Burial Date thereof Jan 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rehobeth Baptist CemeteryLocation Rehobeth, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland19. Jan. 31st 48 Nellie Dryden
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1948 at 11:45 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15, 1948, to Jan. 29, 1948
and that I last saw him alive on January 28, 1948.

Immediate cause of death Myocarditis & Hypertension DURATION 2 yrs
 Due to Chronic Bronchitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George B. Cluffman M.D. M. D. or otherAddress Marion, Md. Date signed 1/31/48

MARGIN RESERVED FOR BINDING

VS A15

9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 5 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00849

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 Years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

John R. Cousins

3. (b) Social Security Number

578-03-1804

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
6. (b) Name of husband or wife Lucille Cousins
7. Birth date of deceased (mo., day, yr.) Sept. 14, 1902
8. AGE: Years 45 Months 4 Days 3 If less than one day _____ hrs. _____ min.
8. Birthplace Scotland
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business _____

12. Name John Cousins
13. Birthplace Scotland
14. Maiden name Isabella Cousins
15. Birthplace Scotland

16. Informant Mr John Cousins
Address Fall Church, Va.

17. Burial Date thereof Jan. 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Andrew Cemetery
Location Princess Anne, Md.

18. Funeral director Wilson Funeral Home
Address Princess Anne, Maryland

19. 1/23 48 R. J. Phares, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 18 48 at 2 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Exposure & cold

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

SIGNATURE Henry M. Seabrook M.D.

Address Princess Anne, Md. Date signed 1/18/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 24 1948
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00850

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Lonsfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 1 day
 Hospital, institution, or street address where death occurred:
 McReady Memorial Hosp.
 How long in hospital or institution?... 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Lonsfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R 310
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

William S. Sullivan

3. (b) Social Security Number

218-09-7031

4. Sex... male 5. Color or race... white 6.(a) Single, married, widowed, or divorced... married

8.(b) Name of husband or wife... Mary E.

7. Birth date of deceased (mo., day, yr.)... September 9, 1874

6.(c) If alive, give age... 67 years

8. AGE: Years... 73 Months... 4 Days... 15

If less than one day... hrs. ... min.

9. Birthplace... Lonsfield (Town, county, and state)

10. Usual occupation... Sea Food

11. Industry or business... Bay Parks Sea Food Pt.

12. Name... William Sullivan

13. Birthplace... MD

14. Maiden name... Sarah

15. Birthplace... MD

18. Informant... Mary E. Sullivan

Address... R 310 Lonsfield MD

17. Cause... Burial Date thereof... 1/27/48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... Burial

Location... Lonsfield MD

18. Funeral director... Sullivan & Son

Address... 306 Main St Lonsfield MD

19. Jan. 27 1948 Janice E. Dixon

Date rec'd by registrar... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 24 1948 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 1948, to Jan. 24 1948

and that I last saw him alive on Jan. 24 1948

Immediate cause of death... Intestinal obstruction

DURATION... 4 days

Due to... Carcinoma near the Cecum

Due to...

Other conditions... Parkinson's Disease

1 sample... 2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations... Complete intestinal obstruction - Carcinoma

Date of op. Jan 24, 1948

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... S. M. Peyton M.D.

Address... Crisfield, MD

Date signed Jan 27, 1948

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JAN 31 1948

1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00851

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Somerset
 City or town Princess Anne and
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no Rt. 10
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Elizabeth M Doone

3. (b) Social Security Number

408

4. Sex Female 5. Color of face a.a. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Clarence Doone
yes 6.(c) If alive, give age Don't know years

7. Birth date of deceased (mo., day, yr) Nov. 18 1882

8. AGE: Years Months Days If less than one day
about 65 hrs. min.

9. Birthplace Princess Anne Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business same as above

12. Name John Harmon

13. Birthplace Princess Anne

14. Maiden name Mary Dalton

15. Birthplace Princess Anne Md

16. Informant Miss Minnie Doone

Address Princess Anne

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan 6 1948
 (month) (day) (year)

Cemetery or crematorium St. Paul's

Location H. Pringle and St. Paul's

18. Funeral director James Stewart

Address Salisbury Md

19. (Date rec'd by registrar) 1/6 48 R. J. Johnson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd 1948 at 4:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10th 1947 to Jan 3rd 1948

and that I last saw h.e.r. alive on Jan 3rd 1948

Immediate cause of death Broncho-Pneumonia DURATION 4 Days

Due to Cholecystitis 2 years

Other conditions Cholecystitis

(Including pregnancy within 3 months of death)

Major findings of operations Cholecystitis

Date of op. 2 years

Autopsy results Cholecystitis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldon G. Meadman M. D. or other

Address Princess Anne Md Date signed 1-5-48

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JAN 7 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00852

Reg. Dist. No. 266

1. PLACE OF DEATH:

County Somerset
 City or town Rhodes Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 68 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rhodes Point
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 11111
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Rachel Ellen Evans

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Jobie Evans</u>		
7. Birth date of deceased (mo., day, yr.) <u>April 9, 1865</u>		
8. AGE: Years <u>82</u>	Months <u>03</u>	Days <u>29</u>
If less than one day <u>0010</u> hrs. <u>00</u> min.		
9. Birthplace <u>Tangier-Accomac-Va</u> (Town, county, and state)		
10. Usual occupation <u>Housewife</u>		
11. Industry or business <u>Home</u>		
FATHER	12. Name <u>Raymond Pruitt</u>	
	13. Birthplace <u>Tangier, Va.</u>	
MOTHER	14. Maiden name <u>Margaret Killman</u>	
	15. Birthplace <u>Virginia</u>	
16. Informant <u>Otis Evans</u> Address <u>Crisfield, Md.</u>		
17. (Burial, cremation, or removal, Which?) Date thereof <u>Jan 22, 1948</u> (month) (day) (year) Cemetery or crematory <u>Rhodes Point Cemetery</u> Location <u>Rhodes Point, Md.</u>		
18. Funeral director <u>H. Harvey Bradshaw</u> Address <u>Crisfield, Md.</u>		
19. <u>Jan 22</u> 19 <u>48</u> (Date rec'd by registrar) <u>Carrie Kitching</u> Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1948 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19, 1947 to Jan. 19, 1948 and that I last saw her alive on January 19, 1948

Immediate cause of death Cerebral Embolism DURATION 6 hrs.

Due to Cerebral arteriosclerosis Unknown

Due to

Other conditions Arteriosclerotic heart disease Unknown
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 11
 Accident, suicide, or homicide Date of 11
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) 11
 Means of injury 11 Injured at work?

23. SIGNATURE M. G. Chambers M. D. or other
Bwell, Maryland Date signed 1/20/48

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JAN 23 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00853

265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 30 years
 Hospital, institution, or street address where death occurred:
Old State Road
 How long in hospital or institution?..... ///////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
 City or town..... Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Old State Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ///////

3. (a) FULL NAME

SARAH ELLEN GARDNER

3. (b) Social Security Number

///////

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Arthur Gardner
 6.(c) If alive, give age..... 53 years
 7. Birth date of deceased (mo., day, yr.)..... October 15, 1894
 8. AGE: Years..... 53 Months..... 2 Days..... 27 If less than one day..... hrs. min.

9. Birthplace..... Gwyns-Matthews Co-Va.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... Home
 12. Name..... Hayes Dicks
 13. Birthplace..... Matthews Co., Va.
 14. Maiden name..... Ellen Beasley
 15. Birthplace..... Matthews Co., Va.
 16. Informant..... Arthur Gardner
 Address..... Crisfield, Md.
 17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... Jan 14, 1948
 (month) (day) (year)
 Cemetery or crematory..... Mariners Cemetery
 Location..... Rural, Crisfield, Md.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.

19. January 15, 1948 James E. Jones
 (Date rec'd by registrar) (Registrar)

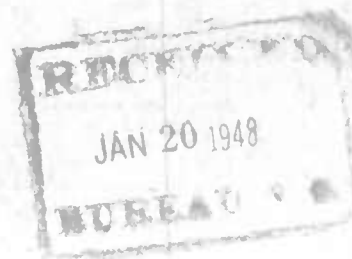
MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan. 12 1948 at 12:00 noon M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 10, 1947 to Jan. 12, 1948
 and that I last saw him..... alive on Jan. 12-48 19.....
 Immediate cause of death..... Chronic myeloid leukemia
acute deterioration
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... C. J. Somers M. D. or other
 Address..... Crisfield, Md. Date signed..... 1-14-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset County
City or town Princess Anne M.D. R.R. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Two years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
City or town Princess Anne R.R. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Samuel Gillett

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1881 6. (c) If alive, give age not known years

8. AGE: Years 62 Months - Days - If less than one day - hrs. - min.

9. Birthplace Worcester County
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Samuel Gillett

13. Birthplace Worcester County

14. Maiden name Charlotte Wallan

15. Birthplace Worcester County

16. Informant William Gillett

Address Princess Anne, R.R. #1

17. Burial (Burial, cremation, or removal) Buried Date thereof 1-26-47
(month) (day) (year)

Cemetery or crematory St. James

Location Accomack City R.R. #1

18. Funeral director William St. James Jr.

Address Princess Anne, Md.

19. 1/23 19 48 R. S. Johnson
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 19 48 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 47 to Jan 19 19 48

and that I last saw him alive on Jan 19 19 48

Immediate cause of death Myocardial infarction

Due to hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Water M. D. or other

Address Princess Anne Date signed 1/22/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

STATE OF TEXAS

RECEIVED
JAN 24 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne R-10-1
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Annie Hutt

3.(b) Social Security Number

4. Sex female 5. Color or race col. 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Samuel Hutt

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) not known8. AGE: about 60 Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Somerset Co
(Town, county, and state)10. Usual occupation house wife11. Industry or business Greenberg Bros12. Name Greenberg Bros13. Birthplace Somerset Co14. Maiden name Mary Ballard15. Birthplace Somerset Co16. Informant George HuttAddress Princess Anne17. Buried Date thereof 1-7-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St MaryLocation West Postoffice rd18. Funeral director William H. Jones Jr.Address Princess Anne, Md.19. 1/9 48 R-3 Johns M.D.
(Date rec'd by registrar) (month) (day) (year) (Signature) (M.D. or other)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4, 1948 at 9:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 21, 1947 to Jan 4, 1948 and that I last saw him alive on Dec. 20, 1947Immediate cause of death Chronic Myocarditis DURATION 3 mosDue to UnknownDue to Paralysis of lower extremities 3 mosOther conditions Arthritis 6 mos

(Include pregnancy within 3 months of death)

Major findings of operations Secondary Anemia unk.

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

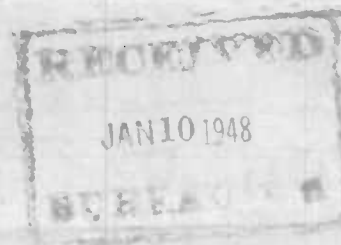
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE G. Semple MD M.D. or otherAddress Salisbury, Md. Date signed 1/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write corrections in the left margin. This is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

00856

1. PLACE OF DEATH:

County Somerset
 City or town Rural, Chance
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Rural, Chance
 How long in hospital or institution? |||||

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Rural, Chance
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war |||||

3. (a) FULL NAME

ISABELLE JONES

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife James Jones
 7. Birth date of deceased (mo., day, yr.) August 27, 1868 6.(c) If alive, give age _____ years
 8. AGE: Years 79 Months 4 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Chance-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name James Donald
 13. Birthplace Anne Arundel Co., Md.
 14. Maiden name Jane Jones
 15. Birthplace Chance, Md.

16. Informant Mrs. Evelyn Bradshaw
 Address Crisfield, Md.
 17. Burial Date thereof Jan 7, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rock Creek Cemetery
 Location Chance, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield Md.

19. 1/8 48 R. H. Jones, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 19 48 at 9:27 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 1 19 45 to Jan 3 19 48

and that I last saw him alive on Jan 3 19 48

Immediate cause of death myocardial infarction

DURATION

3 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Jones M. D. or other

Address Prince Anne Date signed 1/7/48

RECEIVED

JAN 9 1948

ST. PAUL, MINN.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

00857

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Rt 15 Marion
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 yrs
Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Marion Station Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. Whites Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jobe Lane
M B Married
Admie Lane

6.(b) Name of husband or wife

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May 6 - 1867

8. AGE: Years 80 Months 8 Days 23 It less than one day hrs. min.

9. Birthplace Madison Dorchester Co Md
(Town, county, and state)

10. Usual occupation Miner

11. Industry or business

12. Name Quater Lane

13. Birthplace Madison Dorchester Co Md

14. Maiden name Jane Ennels

15. Birthplace Madison Dorchester Co Md

16. Informant Charles Lane

Address Cambridge Md

17. Burial Date thereof Feb 3 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel

Location Cambridge Md

19. Funeral director Louis H Baymen

Address Cambridge Md

19. Jan. 31 - 1948 Nellie Snyder
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1948 at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from He was found
and that I last saw him alive on Dec 19
Immediate cause of death deced in his bed
OPERATION

General Arterio
Sclerosis

Due to Coronary Arteriosclerosis

Other conditions Natural Cause

Other conditions William H. Coulbourn, M. D.
(Include pregnancy within 3 months of death)

Major findings of operations DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Coulbourn M.D.
Crivified Md M. D. or other

Address Crivified Md Date signed 1-31-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00858

261

1. PLACE OF DEATH:

County Somerset
 City or town Rehoboth
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Rehoboth, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Grant Mahan

3. (b) Social Security Number

✓4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Lillian E. Mahan6. (c) If alive, give age 82 years7. Birth date of deceased (mo., day, yr.) November 19-18628. AGE: Years 85 Months 1 Days 21 If less than one day _____ hrs. _____ min.9. Birthplace Eagle Corners Wisconsin
(Town, county, and state)10. Usual occupation Editor of local paper

11. Industry or business _____

12. Name Daniel Mahan13. Birthplace Indiana14. Maiden name Atherine Miller15. Birthplace Indiana16. Informant Mr. Walter K. Mahan
Address Rehoboth Md.17. Burial Date thereof Jan 14-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory M. E. CemeteryLocation Rehoboth Md.18. Funeral director Henry H. DabsonAddress Pocomoke Md.19. Jan 13, 48 Nellie Dyke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1948 at 11:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7, 1948 to Jan 10, 1948 and that I last saw him alive on January 1948.Immediate cause of death ursemiaacute art. heartDue to acute art. heartOther conditions chronic nephritis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Sup. E. Baubrun M.D.
M. D. or other _____Address Maryland Date signed Jan 12, 48

RECEIVED
JAN 20 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Henrietta L. McNorman

Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

William McNorman

7. Birth date of

deceased (mo., day, yr.)

Aug. 3, 1867

8. AGE:

Years

Months

Days

If less than one day

80329

hrs.

min.

9. Birthplace

Snow Hill, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

19. 48

Price

E. Price

Regist

Date

Jan 4, 1948

Crisfield, Md.

Hubbard & Burroughs

306 Main St. Crisfield.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. 23 Chesapeake Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1948, at 9 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 25 1947, to Jan 1 1948and that I last saw her alive on Jan 1 1948

Immediate cause of death

Acute Dilated HeartDue to Coronary thrombosisDue to Chronic valvular diseaseOther conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Address Dr. E. Price Date signed Jan 3, 48

Handwritten text, likely a signature or name, possibly "James M. ...".

Handwritten text, possibly "James M. ...".

Handwritten text, possibly "James M. ...".

Handwritten text, possibly "James M. ...".

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Handwritten text, possibly "James M. ...".

RECEIVED

JAN 17 1948

Handwritten text, possibly "James M. ...".

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
 County... Crisfield
 City or town... (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 31 years
 Hospital, institution, or street address where death occurred:
 103 Main St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 103 Main St.
 (If rural, give LOCATION)
 2(a) If veteran, name war...

3. (a) FULL NAME LILLIAN MAE MIDDLETON

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife... Tony H. Middleton
 Deceased 6. (c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) January 6, 1873
 8. AGE: Years Months Days If less than one day
 75 0 11 hrs. min.

9. Birthplace... Accomac-Accomac-Va.
 (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business... Home
 12. Name... William Russell
 13. Birthplace... Virginia
 14. Maiden name... Unknown
 15. Birthplace... Unknown
 16. Informant... Birdie M. Marshall
 Address... Crisfield, Md.
 17. (Burial, cremation, or removal, Which?) Date thereof... Jan 20, 1948
 (month) (day) (year)
 Cemetery or crematory... Crisfield Cemetery
 Location... Crisfield, Md.
 18. Funeral director... Robert Shrieves
 Address... Parksley, Virginia
 19. Jan. 20 1948 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 17, 1948 at 9:45 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 January 17, 1948 to Jan 17, 1948
 and that I last saw her alive on January 17, 1948
 Immediate cause of death... Acute cardiac dilatation
 DURATION
 Chronic myocarditis
 Due to... Chronic, Interst
 Due to... Asphyxia
 Other conditions... Uremia
 (Include pregnancy within 3 months of death)
 Major findings of operations... Date of op...
 Autopsy results... No
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following
 Accident, suicide, or homicide... Voluntary Cause
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE... Mary H. House...
 M. D. or other
 Address... Crisfield Md Jan 20, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.

00860



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crusfield, Ind. Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Elm. McCreary Memorial Hospital
How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Somerset
City or town "Parents lived at Crusfield"
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

None - only lived - 2 hours

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

January 6th 1948

8. AGE:

1948

Months

Days

If less than one day

2 hrs.

min.

9. Birthplace

Ind. Som.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Ralph Mervin Morris

13. Birthplace

Crusfield, Ind.

MOTHER

14. Maiden name

Ruth Lillian Waters

15. Birthplace

Crusfield, Ind.

16. Informant

Dr. G. C. Coulbourn

Address

Macon, Ind.

17.

Burial

Date thereof

Jan. 6, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Family Cemetery

Location

Crusfield, Ind.

18. Funeral director

Ralph Mervin Morris

Address

Crusfield, Ind.

19.

Jan. 10, 1948

(Date rec'd by registrar)

Hellie Dryden

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 6th 1948

at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____, to _____, 19 _____

and that I last saw him alive on Jan. 6, 1948

Immediate cause of death

DURATION

Monstrous

Due to

Deficiency of food.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Gus G. Coulbourn M.D.

M. D. or other

Address Macon, Ind.Date signed 1/10/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED THE SECRETARY OF THE ARMY

CERTIFICATE OF SERVICE

UNITED STATES ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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RECEIVED

JAN 17 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00862

55d

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58yrs.

Hospital, institution, or street address where death occurred:

State Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. State Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Alton William Pruitt

3.(b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Indianna C. Pruitt

7. Birth date of deceased (mo., day, yr.) October 5, 1889

8. AGE: Years Months Days If less than one day

58

2

23

hrs. min.

9. Birthplace Crisfield, Maryland

(Town, county, and state)

10. Usual occupation Tent manufacturer

11. Industry or business

12. Name John W. Pruitt

13. Birthplace Crisfield, Maryland

14. Maiden name Ella Batts

15. Birthplace Crisfields, Maryland

16. Informant Indianna C. Pruitt (wife)

Address State St. Crisfield, Md.

Burial Jan. 30, 1948

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Crematory or crematorium Crisfield

Crisfield, Md.

Location Hubbard & Covington

18. Funeral director

Address 306 Main St., Crisfield, Md.

19. Feb. 5 48 Janice E. Spier

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 48 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1943 to January 28 1948

and that I last saw him alive on January 28 1948

Immediate cause of death

Carcinoma of maxillary sinus

Duration 5 yrs.

Due to

Due to

Other conditions Hyperemia

Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton W. D.

Address Crisfield, Md.

Date signed Feb. 4, 1948

RECORDED
FEB 9 1948
RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Asbury Ave
 County Crisfield, Maryland
 City or town Crisfield, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, Institution, or street address where death occurred:
Asbury Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield, Md.
 (If outside city or town limits, write RURAL and give nearest town)
Asbury Ave
 Street No. Asbury Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Sallie Louise Sterling

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Christopher C. Sterling
 6.(c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) April 10, 1887
 8. AGE: Years 60 Months 8 Days 25 If less than one day
60 hrs. 25 min.

9. Birthplace Crisfield, Md.
 (Town, county, and state)
Housewife

10. Usual occupation

11. Industry or business

12. Name George B. Maddrix
 13. Birthplace Crisfield, Md.

14. Maiden name Angella Sterling
 15. Birthplace Crisfield, Md.

16. Informant Christopher C. Sterling
 Address Asbury Ave, Crisfield, Md.

17. Burial Jan. 8, 1948
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Asbury
 Location Crisfield, Md.
Hubbard & Covington

18. Funeral director 306 Main St. Crisfield, Md.
 Address

19. January 48 Janice E. Espino
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1948 to Jan 5 1948 and that I last saw him alive on Jan 5 1948

Immediate cause of death Acute myocardial infarction DURATION 20 min

Due to

Due to

Other conditions Diabetes mellitus
 (Include pregnancy within 3 months of death)

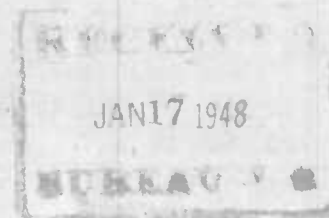
Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M.D. M. D. or other
 Address Crisfield, Md. Date signed Jan 7, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime (60 years)
 Hospital, institution, or street address where death occurred:
6 Second St.
 How long in hospital or institution? ////////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6 Second St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ////////

3. (a) FULL NAME

HARRY E. TILGHMAN

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Annie Wharton
 6.(c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) November 23, 1871
 8. AGE: Years 76 Months 2 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Smyrna-Kent-Delaware
 (Town, county, and state)
 10. Usual occupation Jeweler
 11. Industry or business Jewelry
 12. Name George W. Tilghman
 13. Birthplace Kent County, Delaware
 14. Maiden name Susan Eubanks
 15. Birthplace Kent County, Delaware
 16. Informant Mrs. Annie Tilghman
 Address Crisfield, Maryland
 17. Burial Date thereof Jan 27, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Mem Park
 Location Hopewell, Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. January 31, 1948 Janice E. Spinn
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1948 at 1:45 A.M.

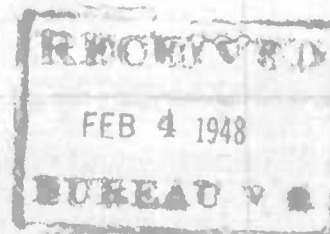
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from was dead when I was called & arrived 1948
 Immediate cause of death acute cardiac
distention
Exposure & exhaustion
working in snow
storm & blizzard
chronic myocarditis (2/10/48)

Due to _____ DURATION _____
 Due to _____
 Other conditions no other causes
 (Include pregnancy within 3 months of death)
 Major findings William H. Coulbourn, M.D.

DEPUTY MEDICAL EXAMINER
 Autopsy results FOR SOMERSET COUNTY, MD.
 PHYSICIAN: Please underline the cause to which death is legally ascribed statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Wm H Coulbourn Date of signature Jan 27/48
Crisfield Md Date of death Jan 27/48



Evidence for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

FILE No. G 114 FEB 19 1948

1. PLACE OF DEATH:

County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 59 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

George Walston

3. (b) Social Security Number

4. Sex male 5. Color or race Col. 6. (a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife Arlena Walston

7. Birth date of deceased (mo., day, yr.) Aug 1 1889 8. (c) If alive, give age years

8. AGE: Years 58 Months 5 Days — If less than one day hrs. min.

9. Birthplace Somerset County, Md.
(Town, county, and state)

10. Usual occupation Labor, farm labor

11. Industry or business Farm

12. Name Laura Lawrence Walston

13. Birthplace Somerset County

14. Maiden name Erga Wright

15. Birthplace Somerset County

16. Informant Francis Walston

Address Princess Anne, Md.

17. BURIAL Date thereof 1-4-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory mt. Zion

Location Princess Anne, Md.

18. Funeral director William H. James Jr.

Address Princess Anne, Md.

19. 1/5 48 R. S. Johnson, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1st 1948 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15th 1947 to Jan. 1st 1948 and that I last saw him alive on Dec. 31 1947

Immediate cause of death

Chronic myocoriditis DURATION 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. G. Johnson M. D. or other

Address Princess Anne, Md. Date signed Jan 3 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REPORT OF INVESTIGATION

REPORT TO STAG

REPORT OF INVESTIGATION

1948

RECEIVED

JAN 6 1948

BUREAU

ARTESIAN WELLS

GAS CONTENT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 768

1. PLACE OF DEATH:

County Somerset
City or town Chance, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Chance
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Granville P. Webster

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Hillie Daskell Webster
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb'y 20th 1869

8. AGE: Years 79 Months - Days - If less than one day _____ hrs. _____ min.

9. Birthplace Chance, Md.
(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business Grocery Trade

12. Name Prettyman Webster

13. Birthplace Chance, Md.

14. Maiden name Martha Shorey

15. Birthplace Chance, Md.

16. Informant Hillie Webster wife

Address Chance, Md.

17. Burial Date thereof 2-1-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Rock Creek

Location Chance, Md.

18. Funeral director H. Webster

Address Deal Island, Md.

19. 2-3- 48 Hola B. Wheatley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30th 1948 at 10 P.
I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/9 to 4/6 and that I last saw him alive on 1/19/48

Immediate cause of death Cerebral Hemorrhage DURATION 10 hrs.

Due to Hypertension 8 yrs.

Due to Generalized arteriosclerosis

Other conditions Leukemia

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Chas. B. McCalister M. D. or other _____

Address Princess Anne, Md. Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 11 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26.0

1. PLACE OF DEATH:

County SomersetCity or town Venton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town P. Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

EUPHEMIA ANNE WOODFORD

3. (b) Social Security Number

260

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single6. (b) Name of husband or wife — formerly married7. Birth date of deceased (mo., day, yr.) Jan 9, 18648. AGE: Years 84 Months 4 Days 4 If less than one day _____ hrs. _____ min.9. Birthplace Princess Anne Somerset Md.
(Town, county, and state)10. Usual occupation Teacher11. Industry or business At this time none12. Name W. S. Woodford13. Birthplace P. Anne Md.14. Maiden name Williamanna Dashiell15. Birthplace P. Anne Md.16. Informant Catherine DashiellAddress P. Anne, Rt. 217. Burial Date thereof January 15, 1948
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory St. AndrewsLocation P. Anne18. Funeral director Dale DashiellAddress Princess Anne Md.19. 1/14 19 48 R. S. Phagan, Md.
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13, 1948 19 48 at 10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Arteriosclerosis DURATION _____
myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Phagan M. D. or other _____Address Princess Anne Md. Date signed 1/14-48

Dr. Buron

Salisbury
Camden Ave.

RECEIVED

JAN 15 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Princess Anne Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

William Ellis Woolford

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 8th 1862

8. AGE:

85 Years

Months

8

Days

-

If less than one day

hrs.

-

min.

-

9. Birthplace

Princess Anne, Somerset Md.

(Town, county, and state)

10. Usual occupation

Minister

11. Industry or business

William E. Woolford

12. Name

Princess Anne Md.

13. Birthplace

William E. Woolford

14. Maiden name

Princess Anne Md.

15. Birthplace

Miss Catherine Woolford

16. Informant

Wenton Md.

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof

1-10-48

Cemetery or crematory

St. Andrews

Location

Princess Anne Md.

18. Funeral director

W. E. Woolford

Address

Princess Anne Md.

19.

(Date rec'd by registrar)

1/14 48R. E. Johnson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 8th 1948 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., 19....., 19.....

and that I last saw him..... on.....

Immediate cause of death.....

Coronarythrombosis

Due to.....

Arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other.....

Address.....

Signed.....

1/14/48Princess Anne Md.1/14/48R. E. Johnson

Registrar

1/14/48Princess Anne Md.1/14/48R. E. Johnson

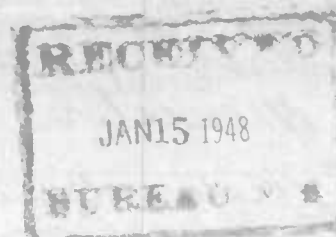
Registrar

1/14/48Princess Anne Md.1/14/48R. E. Johnson

Registrar

1/14/48Princess Anne Md.1/14/48R. E. Johnson

Registrar



PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for Change
of age shown on

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13/02

00869

260

Reg. Dist. No.

FILM No. G 114 FEB 25 1948

1. PLACE OF DEATH:
County..... SOMERSET
City or town..... FAIRMOUNT
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... #3 month
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... Fairmount
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Benjamin Franklin Wright

3. (b) Social Security Number

4. Sex..... male
5. Color or race..... white
6.(a) Single, married, widowed, or divorced..... married
6.(b) Name of husband or wife..... Doris E. Wright
6.(c) If alive, gives age..... 25 years
7. Birth date of deceased (mo., day, yr.)..... Aug. 9, 1907
8. AGE: Years..... 40 Months..... 5 Days..... 12
If less than one day..... hrs. min.

9. Birthplace..... Wilmington, Del.
(Town, county, and state)
10. Usual occupation..... Truck Driver
11. Industry or business.....
12. Name..... William H. Wright
13. Birthplace..... Phila. Pa.
14. Maiden name..... Lola Smith
15. Birthplace..... Wilmington, Del.
16. Informant..... Mrs Doris E. Wright
Address..... Fairmount, Md.

17. burial Date thereof..... 1-25-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... Fairmount Cemetery
Fairmount, Md.
Location.....
18. Funeral director..... Wilson Funeral Home
Address..... Princess Anne, Md
19. 1/24 48 R. J. Johnson M.D.
(Date rec'd by registrar) (month) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan. 21 1948 at 755 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
11/4/47 19..... to 1/21/48 19.....
and that I last saw him alive on Jan. 21 1948

Immediate cause of death..... Uremia
Due to..... Hepatitis
Due to..... Hypertension
Other conditions..... Myocardial Failure
(Include pregnancy within 3 months of death)
Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public places (where?)
Means of injury..... Injured at work?.....
23. SIGNATURE..... W. B. Johnson
M. D. or other.....
Address..... Date signed.....

